

1797

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. 146Place of Birth Miami County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	}	and	}	Number in order of birth
Female					

DATE OF BIRTH*	9-	28-	1922
	(Month)	(Day)	(Year)

FULL NAME	FATHER
	Felice Gonzales

FULL NAME	MOTHER
JESUS PADILLA	Jesus Padilla

I HEREBY CERTIFY that the child described herein
has been named

✓ <u>Maria</u>	Gonzales
(Give name in full)	(Surname)

mother. Jesus Padilla
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

10M 12-46